Supportive Housing Evaluation Training
October 2002

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California Department of Mental Health

Handout Materials

- Teal Colored Clipped Packet includes:
  - Contact Information
  - Master Forms for Duplication
  - Training Manual for Project Evaluators (Version October 2002)
  - Presentation Slide Copies
  - Other (Authorization Form, Etc.)

Supportive Housing Measurement Objectives: Why, What & How
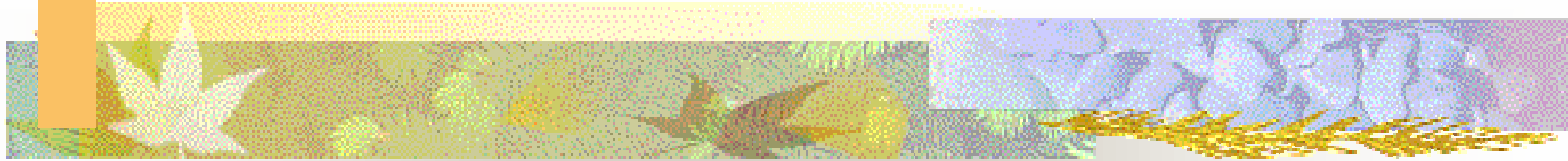
Overview of Evaluation Requirements (see Page 1 in manual)

- In order to qualify for supportive housing grant funding, each organization agreed to participate in the DMH project evaluation process as designed by DMH

- The DMH evaluation process is designed to meet the legislative requirements of Sections 53305 & 53311 of the Health and Safety Code
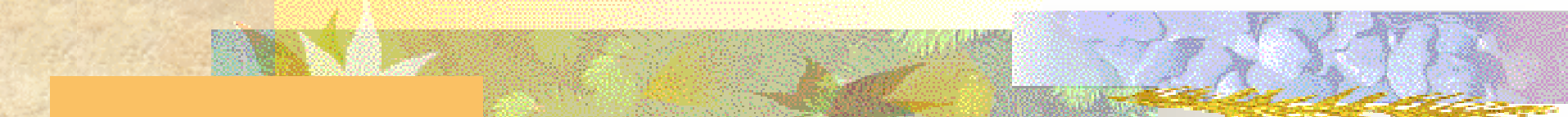
Section 53305 of the Health and Safety Code

- (2)(b) The evaluation shall . . . . at a minimum, include outcomes related to cost avoidance, housing stability, quality of services, and the health status of tenants.

Section 53311 of the Health and Safety Code

- The lead agency *[DMH]* shall annually prepare and provide a report to the Legislature no later than July 1 of each year that describes . . .
    - Number of persons housed
    - Extent of housing stability
    - Demographic characteristics of those housed
    - Counties/Cities in which housing is located
    - Change in income levels of those housed
    - Improvements in health status

Required Housing Evaluation Forms (see Page 3 in manual)

FORM	MEASURES	COMPLETED BY
Consent to Participate	Informs clients of study goals, procedures, risks & benefits, and asks for participation	Client & Project Staff
Face Sheet	Demographic background data, client living situation; project services provided to client	Project Staff
California Quality of Life (CA-QOL)	Family/social contact; adequacy of finances; victimization; arrests; general health status; satisfaction with general life situation etc.	Client
Mental Health Statistics Improvement Program Consumer Survey (MHSIP)	Satisfaction and perceived usefulness of program services; appropriateness of services; and outcomes of care	Client

All forms are public domain (no charge to use, may be duplicated)

Administration Procedures

Baseline	Intake	Semi-Annual	Discharge
EXISTING (*ELIGIBLE FOR SERVICES FUNDED*)	ADMISSION or EXISTING (*NOW RECEIVING SERVICES*)	EVERY SIX MONTHS	DISCHARGE
Consent-to-Participate	Consent-to-Participate		
Face Sheet	Face Sheet	Face Sheet	Face Sheet
	California Quality of Life (CA-QOL)	California Quality of Life (CA-QOL)	California Quality of Life (CA-QOL)
		Mental Health Statistics Improvement Program Consumer Survey (MHSIP)	Mental Health Statistics Improvement Program Consumer Survey (MHSIP)

Data Collection
(see Page 6 in manual)

- It is the Project Evaluator's responsibility to make sure data are collected on time

- Admission data should be collected within 60 days from admission date

- Semi-Annual data should be collected within a 30 day window

  - Example: If admit data was collected on April 10th, the next data should be collected between October 10th and November 10th

Summary of Project Evaluator's Responsibilities

Project Evaluator Responsibilities
(see page 47)

- Project Data Collection
- Making Copies of the Manual
- Training Project Staff
- Developing Client Tracking System
- Tracking Data Collection
- Preparing Forms & Distributing to Staff
- Ensuring Qualified Staff Administer Forms
- Maintaining File for Consent Forms
- Cost Avoidance Analysis

Bill of Rights & Consent-to-Participate Forms

Client's Rights
(see Page 8 in manual)

- Clients have the right to be informed of the goals of the study,

- to have the evaluation procedures explained,

- to be told about any possible benefits or risks expected from the evaluation,

- to be allowed to ask questions about the study,

- and to be allowed the choice to participate or not in the project evaluation

Administration Procedures

- Existing or newly admitted clients who are eligible for grant funded services will be told about the evaluation and asked to participate in the Supportive Housing Initiative Project Evaluation **within 60 days**

- Staff will first **review each item** on the Bill of Rights with the client (they may keep this form)

- Staff will then **review each of the items** on the Consent-to-Participate form

Administration Procedures (cont'd)

- Staff will explain to the client that s/he has the right to refuse to participate in the study

- The client must be told that if s/he refuses to participate in the study, this will not affect his/her ability to receive services

- Once it is clear that the client understands their rights, the staff will ask the client if s/he wants to participate

- If the client agrees to participate, the client will sign and date the form, and the staff will sign as a witness and date it as well

- The Project Evaluator will keep all of the Consent-to-Participate forms in a single file

If Client Declines to Participate

- If a client declines to participate, the staff will write across the bottom of the form, "Declines" and the client will be asked to sign <u>next</u> to the handwritten "Declines"

- Note that a client who declines does <u>not</u> sign on the client's signature line; to sign on that line gives consent

- Staff will sign and date the forms of clients who decline and return the form to the Project Evaluator

"Declined" or "Screened-Out"

- Declined = Clients who do not consent to participate in the evaluation

- Screened-Out = Clients who are mentally incapable of completing the client-completed forms

- Staff will still complete a portion of the face sheet for these clients at each data collection point but the client forms (CA-QOL, MHSIP) are not administered

Data Reporting to DMH

- It is the Project Evaluator's responsibility to get the data submitted to DMH within 2 weeks of the data collection

- Data is to be input on the DMH secure internet web entry forms

- Enter into the secure site by selecting "On-Line Data Entry" on the bottom left of the DMH web site at http://www.dmh.cahwnet.gov/RPOD/default.asp

- DMH will provide each evaluator with a secure log-in code (username/password) to access the system

- After data for a client are entered, a confirmation page will appear on the screen and may be printed

On-line Entry of Data

- Projects that have the capacity, may choose to utilize direct entry of data and not manually complete forms

- Staff may enter Face Sheet data directly into the web entry system

- Clients may enter CA-QOL and MHSIP data directly into the web entry system

- The confirmation pages should be printed out and placed into the client's records as verification of data entry

Data Management

Typical Types of Data Corrections Needed (why we might be contacting you)

- CAQOL or MHSIP record exists, but there is no Client Information (Face Sheet) record with that Client ID#

- Duplicate Records (not exactly the same)

- Link Dates don't match up

- Client Id's need to be left justified, 9-digits with leading zeroes   (e.g., 000012435)

Supportive Housing
Secure Web Entry System

Welcome to **California**   HOLLYWOOD

Research & Performance Outcome Development

search

My CA   This Site

Background

Children's Program

Adult Program

Older Adult Program

Supportive Housing

Supportive Housing Initiative Act

Dual Diagnosis

Download

Internet Links

Contact Us

DMH Homepage

On-Line Data Entry

What's New - Page Updated on: November 5, 2001

Subscribe to the RPOD Website and receive notification when new information is added.

Subscribe to RPOD

To view the latest Performance Outcome Update (POU) Newsletter.

Performance Outcome Update Newsletter

The Research and Performance Outcome Development (RPOD) unit is responsible for planning and implementing California's statewide public mental health performance outcome systems. These systems are the result of a collaborative effort between the California Department of Mental Health (DMH), California Mental Health Directors Association (CMHDA), and the California Mental Health Planning Council (CMHPC). The goal of California's performance outcome system is to facilitate a process whereby mental health clients and their families receive the highest quality and most effective services in a manner that both empowers and respects them as individuals.

Children's Program

The California Department of Mental Health is conducting a pilot study of the next generation Children's Performance Outcome System.

Internet

Start   Microsoft Pow...   Research & ...   shiaFINA - Mic...   2:04 PM

Select "On-Line Data Entry"

Performance Outcomes On-Line

RPOD Home Page
Register Clinician
Register Provider
Help

Welcome to the California Department of Mental Health's On-Line Performance Outcome Data Entry System. This system is exclusively for the use of California's county mental health programs, their organizational providers, and clinicians who are required to provide data for California's Mental Health Performance Outcomes Systems or the Supportive Housing Initiative Act.

Enter Username and Password to Log Into the On-Line Data Entry System.

User Name

Password

Submit   Reset

Performance Outcomes On-Line

RPOD Home Page   **Log In Page**

Welcome to the Research and Performance Outcome Development On-Line Data Entry System. You are currently logged in as a: **Clinician**

What would you like to do? Select from the drop-down menu below and then click on "Submit".

Add data for the Supportive Housing Innitiative Act (SHIA)   ▼

[Submit] [Reset]

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Supportive Housing Initiative Act (SHIA)
Data Entry System

RPOD Home Page   **Log In Page**   **Help**

What Data Would You Like To Enter?

Client Information

Quality Of Life

MHSIP

Download Page

Edit Face Sheet

Welcome to the **On-Line SHIA Data Entry System**. By completing this information for all SHIA clients at the start of your project for a baseline, at intake (for new clients), every six months thereafter, and at discharge, you will have fulfilled your program's requirement to submit SHIA data for that your program's clients.

Please note the following limitations for this system:

1. You may only enter data. You will not be able to look up, edit, or in any way access data once they have been submitted.

2. To correct data that have previously been sent, a new on-line data entry form will need to be completed for the client. The actual update will be completed at DMH.

3. If your client is also receiving services from your county's mental health system, you should enter their Client Case Number (CCN) which matches

Face Sheet Form (Client Information)

Form Completion (see Page 13 in manual)

- Face sheets are to be completed at every data collection point (baseline, intake, semi-annually, and at discharge) for all client's who are eligible to receive grant funded services.

- For "Declined" or "Screened-Out" Clients, only complete the following once:
  - Client ID, Project Code, Distribution Date, Assessment Type
  - Age, ethnicity, gender
  - Diagnostic items (primary mental health diagnosis, substance abuse diagnosis)
  - Immigration status
  - Special needs

Client ID

- This is the 9-digit project case number for the client as reported to CSI (Client and Service Information System)

- It is critical that this number be correct (as this number may be used to link to the CSI system for additional information to supplement the CA-QOL related to living situation, and types/duration of productive activities)

- If the client does not have a CSI number, staff will use Social Security Number (SSN).

SHIA Client Face Sheet Information

Internet Data Entry Form

RPOD Home Page   Log In Page   SHIA Main Page

Instructions:

Enter the appropriate data in each of the fields below. When you have finished, click on the "Submit" button at the bottom of the form.

Required ID Fields

[▼] Year/Project Name

[ ] Client ID Number (You must use left leading zeros e.g., 000123456 or 000ABC123)

Year   Month   Day

[▼] [▼] [▼] Enter the date that the instruments were distributed. This date should be the same date that appears on BOTH the CA-QOL and the MHSIP and should not be later than today's date. This is used to group these instruments together into a single set).

[Admission ▼] Assessment Type (NOTE: If client is deceased, screened out, or if the client has refused to participate in the evaluation, complete demographic information section and skip the remaining questions.)

Supportive Housing Initiative Act (SHIA) Data Entry System

RPOD Home Page **Log In Page** **Help**

What Data Would You Like To Enter?

Client Information

Quality Of Life

MHSIP

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Select "Client Information" to enter face sheet data.

Demographic Information

Unknown ▼ Gender

18 ▼ Age

Unknown ▼ Ethnicity

Unknown ▼ Marital Status

None/No Children ▼ Status of Children

Unknown ▼ Is the client an immigrant to the United States?

Unknown ▼ If yes, how long has s/he been in the United States?

Diagnostic Information

Unknown ▼ Client's Primary Mental Health Diagnosis

Unknown ▼ Client's Substance Abuse Diagnosis

Start | GroupWise ... | Microsoft P... | Client Fac... | 12:51 PM

Client's Special Needs

Does the client have any of the following special needs?

Unknown ▼ Severe And Persistent Mental Illness

Unknown ▼ Substance Abuse Problems

Unknown ▼ Developmental Disabilities

Unknown ▼ Physical Disabilities or Other Chronic Health Conditions (e.g., quadriplegic, blind, etc.)
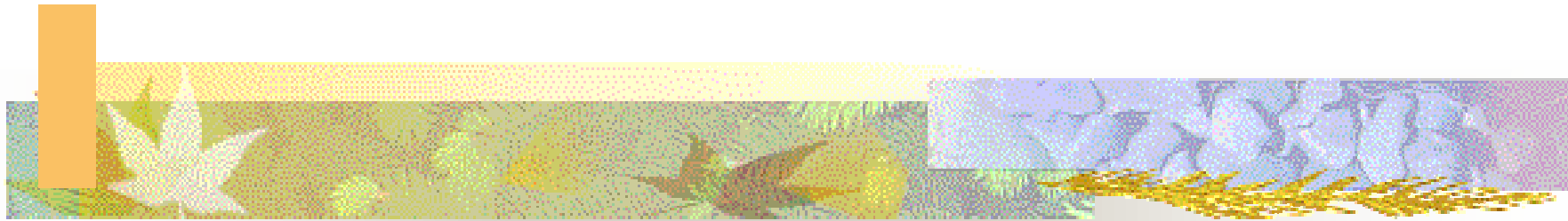
Unknown ▼ Military Veteran

Unknown ▼ HIV/AIDS

Unknown ▼ TANF Client

Unknown ▼ Foster Care Client Aging Out Of Foster Care

Unknown ▼ Transitional Age Youth

Unknown ▼ Exiting Jail/Prison

Unknown ▼ Other

For "Declined" or "Screened-Out" Clients, Stop at this point on the Face Sheet

(And there should not be a

CA-QOL or MHSIP completed)

History of Chronic Physical Health Problems

○ **Minor chronic physical health problems** that cause minimal impairment in functioning (e.g., mild asthma, epilepsy, hearing problem corrected with a hearing aid, etc.)

○ **Moderate physical health problems** which cause some difficulty in functioning (e.g., moderate hypertension, mild cerebral palsy, problem requires medical follow-up several times a year, etc.)

○ **Serious chronic physical health problems** which cause serious impairment in mobility, speech, vision, etc., despite use of glasses, hearing aids, etc.)

○ **Major physical health problems** - confined to bed or wheelchair most of the time (e.g., advanced cancer, cerebral palsey, etc.)

● **Not Applicable** - No chronic physical health problems.

○ **Unknown**

Client History

| Unknown ▼ | History of Homelessness |

| Unknown ▼ | History of Mental Health Treatment |

| Unknown ▼ | History of Substance Abuse Treatment |

| Unknown ▼ | Criminal History |

Employment Status And Income

Employment History

| Unknown | ▼ |

Client's Current Employment Status

| Unknown | ▼ |

If Client Is Currently Employed In "Competitive" Job Market

| Unknown | ▼ | How many hours per week is the client working?

If Client Is Currently Employed In "Non-Competitive" Job Market

| Unknown | ▼ | How many hours per week is the client working?

If Client Is Currently "Not In The Job Market" Select one of the following:

| Client Employment Status is unknown | ▼ |

Client Sources Of Income (Select All That Apply)

| Unknown | ▼ | Supplemental Security Income (SSI)

| Unknown | ▼ | General Assistance

| Unknown | ▼ | Social Security

Unknown ▾ Wages

Unknown ▾ Other

Unknown ▾ How has the client's income changed since admission (Skip if this assessment is at admission)?

SHIA Services Received

Which of the following services has the client received from this Supportive Housing Project since the last assessment (*select all that apply*)?

If this is an admission assessment, skip this question.

Unknown ▾ Client Declined Any Services (If "Yes" is selected, skip the rest of this section)

Unknown ▾	Employment Services	Unknown ▾	Case Management Services
Unknown ▾	Referral to community mental health services	Unknown ▾	Planning for/referral to housing
Unknown ▾	Screening and Diagnostic Services	Unknown ▾	Assistance in applying for housing
Unknown ▾	Referral to Alcohol/Drug Srvcs	Unknown ▾	Helped client obtain housing
Unknown ▾	Referral to Regional Center	Unknown ▾	Assistance in maintaining housing
Unknown ▾	Referral to Medical Specialist		

Unknown ▼	Screening and Diagnostic Services	Unknown ▼	Assistance in applying for housing
Unknown ▼	Referral to Alcohol/Drug Srvcs	Unknown ▼	Helped client obtain housing
Unknown ▼	Referral to Regional Center	Unknown ▼	Assistance in maintaining housing
Unknown ▼	Referral to Medical Specialist		

Client Living Situation

Client's Previous Living Situation

Unknown/Not Reported ▼

Client's Current Living Situation

Unknown/Not Reported ▼

Unknown ▼ Previous Tenancy Status (At time of last assessment or prior to admission).

Unknown ▼ Current Tenancy Status (At time of last assessment).

Unknown ▼ If the client has moved, which option best describes where they moved to?

Unknown ▼ If the client has moved, was it against provider advice?

Submit Reset

Client ID Confirmation Page

Editing Face Sheet Form (Client Information)

Supportive Housing Initiative Act (SHIA) Data Entry System

RPOD Home Page **Log In Page** **Help**

What Data Would You Like To Enter?

Client Information

Quality Of Life

MHSIP

Download Page

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Select "Edit Face Sheet"

SHIA Client Face Sheet Edit System

Main Menu

Using this page, you can do two things.

- Delete a client face sheet record that you have previously entered. (Note: Once you have deleted a record, it cannot be recovered. Should you accidentally delete a record, you will have to re-enter the data for that record.)
- Make changes to an existing client face sheet (Note: Changes are limited to changing the Program Code, Client Case Number, Administration/Link Date, Administration Type, or Date Submitted.)

To **Change** a Client Face Sheet Record:

- Enter **ALL** of the information in Part 1-Search and then
- Enter **ALL** of the information in Part 2-Replace
- Click "Submit" when you are ready to make the changes.

To **Delete** a Client Face Sheet Record:

- Enter **ALL** of the information in Part 1-Search,
- Leave **ALL** of the information in Part 2-Replace **blank**.
- Click "Submit" when you are ready to delete the record.

PART 1 - Search (Enter the Record to Search For. This information must be

- Enter **ALL** of the information in Part 1-Search,
- Leave **ALL** of the information in Part 2-Replace **blank**.
- Click "Submit" when you are ready to delete the record.

PART 1 – Search (Enter the Record to Search For. This information must be identical to the information printed on the original Client Face Sheet Confirmation Page)

[____] Program Code

[_____] Client Case Number

[_____] Administration/Link Date

[0 ▾] Administration Type

[_____] Date Submitted

<div align="center" style="color:red">

WARNING!

If you leave PART 2 blank, your record will be deleted. There is no way to recover the record. You will have to re-enter the entire record if you accidentally delete it.

</div>

PART 2 – Replace (Enter information in ALL of the fields below. This will change all of the fields to your new values.)

| | Administration/Link Date |

| 0 ⯆ | Administration Type |

| | Date Submitted |

<div align="center" style="color:red">

WARNING!

If you leave PART 2 blank, your record will be deleted. There is no way to recover the record. You will have to re-enter the entire record if you accidentally delete it.

</div>

PART 2 – Replace (Enter information in ALL of the fields below. This will change all of the fields to your new values.)
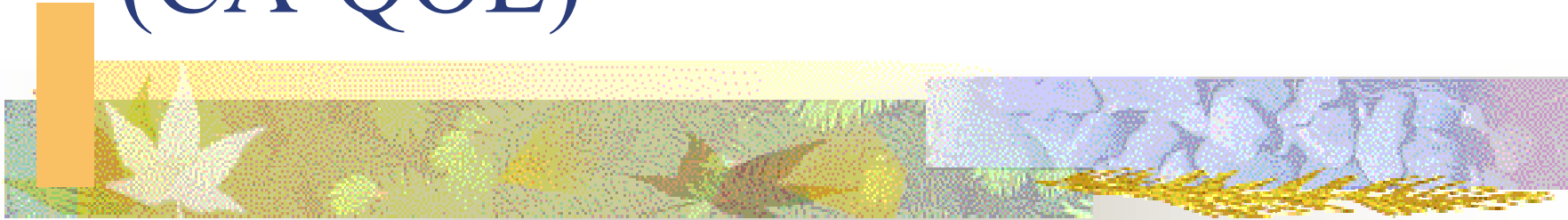
| | Program Code |

| | Client Case Number |

| | Administration/Link Date |

| 0 ⯆ | Administration Type |

| | Date Submitted |

| Submit | Reset |

California Quality of Life (CA-QOL)

Staff Administration
(see Page 25 in manual)

- Administered at baseline, admission, every six months, and at discharge

- The project evaluator will complete the top portion of the form by filling in the fields for "Client ID Number," "Distribution Date," and "Project Code" and give the form to project staff so they can give it to the client to complete

- When the client has completed the form, staff will need to input the data on the DMH secure internet web entry forms

Client Computerized Administration

- If a client is capable of doing so, projects may have clients directly input the data for a paperless, computerized self-administration of this instrument

- Staff would need to set up the computer entry system and enter the "Client ID Number," "Distribution Date," and "Project Code"

- The confirmation pages should be printed out and placed into the client's records as verification of data entry

Overlap with Performance Outcome Project

- The CA-QOL is being used for the Adult Performance Outcome project so it is possible that a client will have a recently completed CA-QOL in file

- If the CA-QOL has been completed for the client within 30 days of the distribution date, the staff may input this data onto the secure web site and not re-administer the form

Discharged Client Unavailable

- There will be times when a client is discharged because she/he has left the program without advance warning and is unavailable to complete the CA-QOL

- Some of these clients will simply disappear; others will be incarcerated or hospitalized

- Every attempt should be made to get all the forms completed, however, if the client is unavailable, the CA-QOL will not be collected.

Supportive Housing Initiative Act (SHIA) Data Entry System

RPOD Home Page   **Log In Page**   **Help**

What Data Would You Like To Enter?

Client Information

Quality Of Life

MHSIP

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Select "Quality of Life" Button

California Quality of Life (CA-QOL)
Internet Data Entry Form

RPOD Home Page   **Log In Page**   **SHIA Main Page**

Instructions:

Please enter the requested information in each of the fields below as provided by the client. If the client did not complete a CA-QOL Survey, you must identify the reason below. In this case, you will not be expected to enter any item data.

[▾] Year/Project Name

[   ]   Client ID Number (You must use left leading zeros e.g., 000123456 or 000ABC123).

Year   Month   Day
[▾] [▾] [▾] Enter the "Link Date" associated with this client's form (Note: Year must be the current year).

County/Agency/Program Identifier

[Enter Code Here]   Program Name/Code (For County Use Only. If your county has instructed you to do so, enter your program's or team's name or numeric code. Maximum of 20 characters.)

CA-OOL Questions

CA-QOL Questions

General Life Satisfaction

[Missing ▼] 1. How do you feel about your life in general?

Living Situation

2. Think about your current living situation. How do you feel about:

[Missing ▼] A. The living arrangements where you live?

[Missing ▼] B. The privacy you have there?

[Missing ▼] C. The prospect of staying on where you currently live for a long period of time?

Daily Activities and Functioning

3. Think about how you spend your spare time. How do you feel about:

[Missing ▼] A. The way you spend your spare time?

[Missing ▼] B. The chance you have to enjoy pleasant or beautiful things?

[Missing ▼] C. The amount of fun you have?

[Missing ▼] D. The amount of relaxation in your life?

Missing ▾ D. The amount of relaxation in your life?

Family

Missing ▾ 4. In general, how often do you talk to a member of your family on the telephone?

Missing ▾ 5. In general, how often do you get together with a member of your family?

6. How do you feel about:

Missing ▾ A. The way you and your family act toward each other?

Missing ▾ B. The way things are in general between you and your family?

Social Relations

7. About how often do you do the following:

Missing ▾ A. Visit with someone who does not live with you?

Missing ▾ B. Telephone someone who does not live with you?

Missing ▾ C. Do something with another person that you planned ahead of time?

Missing ▾ D. Spend time with someone you consider more than a friend, like a spouse, a boyfriend, or a girlfriend?

8. How do you feel about:

8. How do you feel about:

[Missing ▼] A. The things you do with other people?

[Missing ▼] B. The amount of time you spend with other people?

[Missing ▼] C. The people you see socially?

[Missing ▼] D. The amount of friendship in your life?

Finances

[Missing ▼] 9. On average, how much money did you have to spend on yourself in the past month, not counting money for room and meals?

10. During the past month, did you generally have enough money to cover the following items:

[Missing ▼] A. Food?

[Missing ▼] B. Clothing?

[Missing ▼] C. Housing?

[Missing ▼] D. Traveling around for things like shopping, medical appointments, or visiting friends or relatives?

[Missing ▼] E. Social activities like movies or eating in restaurants?

11. In general, how do you feel about:

Missing ▾ A. The amount of money you get?

Missing ▾ B. How comfortable and well off you are financially?

Missing ▾ C. The amount of money you have available to spend for fun?

Legal And Safety

12. In the past month, were you a victim of:

Missing ▾ A. Any violent crimes such as assault, rape, mugging, or robbery?

Missing ▾ B. Any non-violent crimes such as burglary, theft of your property or money or being cheated?

Missing ▾ 13. In the past month, how many times have you been arrested or picked-up for any crimes?

14. How do you feel about:

Missing ▾ A. How safe you are on the streets in your neighborhood?

Missing ▾ B. How safe you are where you live?

Missing ▾ C. The protection you have against being robbed or attacked?

Missing ▾ B. How safe you are where you live?

Missing ▾ C. The protection you have against being robbed or attacked?

Health

Missing ▾ 15. In general, would how would you rate your health?

16. How do you feel about:

Missing ▾ A. Your health in general?

Missing ▾ B. Your physical condition?

Missing ▾ C. Your emotional well-being?

Global Rating

Missing ▾ 17. How do you feel about your life in general?

Supplementary Question

Missing ▾ 18. How did you become involved in this program?

Submit Reset

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California Quality of Life Survey Confirmation Page

CA-QOL Scoring
(see Page 27 in manual)

- Evaluators are not required to score the CA-QOL

- The Scoring Manual for the California Quality of Life (CA-QOL) is included in the Training Manual for interested Project Evaluators

  - Items can be scored individually or as part of a scale score.

  - Computing scale scores consists primarily of calculating averages for scales with more than one item.

  - There are subjective items and objective items - Scale scores can be computed for each type

  - All subjective items use the same 7-point scale. Objective items use a variety of formats

Mental Health Statistics Improvement Program (MHSIP) Consumer Survey

Confidentiality

- To encourage accurate responses, it is crucial that respondents to the *MHSIP Consumer Survey* be assured confidentiality of their responses so they will not have any fear of retribution

- Clinical/Service Provider staff should never administer these forms, never assist clients in completing these forms, nor should they see the results of client satisfaction instruments (except at an aggregated level) to preserve client confidentiality

- A project may want to provide an "Assurance of Confidentiality" letter along with the instrument when given to the respondents (*see sample on top*

Administration Procedures
(see Page 43 in manual)

- The MHSIP Consumer Survey will be completed after six months in the program, and every six months thereafter, as long as the client is receiving services in the program

- The MHSIP is also collected at discharge

- If a client discharges before spending six months in the program, the MHSIP must be completed

- There are 2 administration options a project may select from for the MHSIP

Option 1: Project Administration

- Projects that have the resources available for non-clinical/non-service provider staff to administer the forms, input the data, and store the forms in a manner that preserves client confidentiality may process these forms themselves. ***Note: Client confidentiality must be maintained.***

- Before giving the form to the client, the project evaluator will write the client identification number, and the project code in the appropriate fields.

- When the client has completed the form, non-clinical/non-service provider staff will need to input the data on the DMH secure internet web entry

Option 2: Client Computerized Self-Administration

- If a client is capable of doing so, projects may have clients directly input the data for a paperless, computerized self-administration of this instrument

- Staff would need to set up the computer entry system and enter the "Client ID Number," "Distribution Date," and "Project Code"

- The confirmation page should be printed out and placed into the client's records as verification of data entry

Supportive Housing Initiative Act (SHIA) Data Entry System

RPOD Home Page	Log In Page	Help

What Data Would You Like To Enter?

Welcome to the **On-Line SHIA Data Entry System**. By completing this information for all SHIA clients at the start of your project for a baseline, at intake (for new clients), every six months thereafter, and at discharge, you will have fulfilled your program's requirement to submit SHIA data for that your program's clients.

- Client Information

- Quality Of Life

- MHSIP

Please note the following limitations for this system:

1. You may only enter data. You will not be able to look up, edit, or in any way access data once they have been submitted.

2. To correct data that have previously been sent, a new on-line data entry form will need to be completed for the client. The actual update will be completed at DMH.

3. If your client is also receiving services from your county's mental health system, you should enter their Client Case Number (CCN) which matches records submitted to DMH's Client and Services And Information (CSI) system. If your client is not receiving services from your county's mental health system, you should use a 9-digit number that uniquely identifies the client in your program. Social Security Number, where available, is a good choice for this number.

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Select "MHSIP" Button

MHSIP Consumer Survey
Internet Data Entry Form

| RPOD Home Page | Log In Page | SHIA Main Page |

Instructions:

Please enter the information in the fields below based on the client's responses to the MHSIP Consumer Survey. If the client did not complete a MHSIP Consumer Survey, you must identify the reason below. In this case, you will not be expected to enter any item data.

[▾] Year/Project Name

[ ] Client ID Number (You must use left leading zeros e.g., 000123456 or 000ABC123)

Year   Month   Day
[▾][▾][▾] Enter the "Link Date" associated with this client's form (Note: Year must be the current Year).

MHSIP Questions

[Missing ▾] 1. I like the services that I received here.

[Missing ▾] 2. If I had other choices, I would still choose to get services from this agency.

Missing ▼   3. I would recommend this agency to a friend or family member.

Missing ▼   4. The location of services was convenient (parking, public transportation, distance, etc.).

Missing ▼   5. Staff were willing to help as often as I felt it was necessary.

Missing ▼   6. Staff returned my calls within 24 hours.

Missing ▼   7. Services were available at times that were good for me.

Missing ▼   8. I was able to get all the services I thought I needed.

Missing ▼   9. Staff here believed that I could grow, change, and, where possible, recover.

Missing ▼   10. I felt safe to raise questions or complain.

Missing ▼   11. Staff told me what side effects to watch for (If applicable).

Missing ▼   12. Staff respected my wishes about who is, and is not, to be given information about my treatment and/or supportive services.

Missing ▼   13. Staff were sensitive to my cultural/ethnic background.

Missing ▼   14. Staff helped me so that I could manage my life and, where possible, recover.

Missing ▼   15. I felt that I was treated with respect by the receptionist.

Missing ⏷ 16. I felt comfortable asking questions about my treatment, supportive services, and/or medication (if applicable).

Missing ⏷ 17. Staff and I worked together to plan my supportive services and/or treatment.

Missing ⏷ 18. I, not staff, decided my supportive services and/or treatment goals.

Missing ⏷ 19. I was given written information that I can understand.

As a Direct Result of Services I Received:

Missing ⏷ 20. I deal more effectively with my daily problems.

Missing ⏷ 21. I am better able to control my life.

Missing ⏷ 22. I am better able to deal with crisis.

Missing ⏷ 23. I am getting along better with my family.

Missing ⏷ 24. I do better in social situations.

Missing ⏷ 25. I do better in school and/or work.

Missing ⏷ 26. My symptoms are not bothering me as much (If applicable).

Missing ▼   20. I deal more effectively with my daily problems.

Missing ▼   21. I am better able to control my life.

Missing ▼   22. I am better able to deal with crisis.

Missing ▼   23. I am getting along better with my family.

Missing ▼   24. I do better in social situations.

Missing ▼   25. I do better in school and/or work.

Missing ▼   26. My symptoms are not bothering me as much (If applicable).

Supplemental Questions

Missing ▼   27. How did you become involved with this program?

Missing ▼   28. Do you currently attend self-help?

Missing ▼   29. If yes, how often do you participate?

[Submit Form] [Reset Form]

MHSIP Confirmation Page

Project Reports Generated
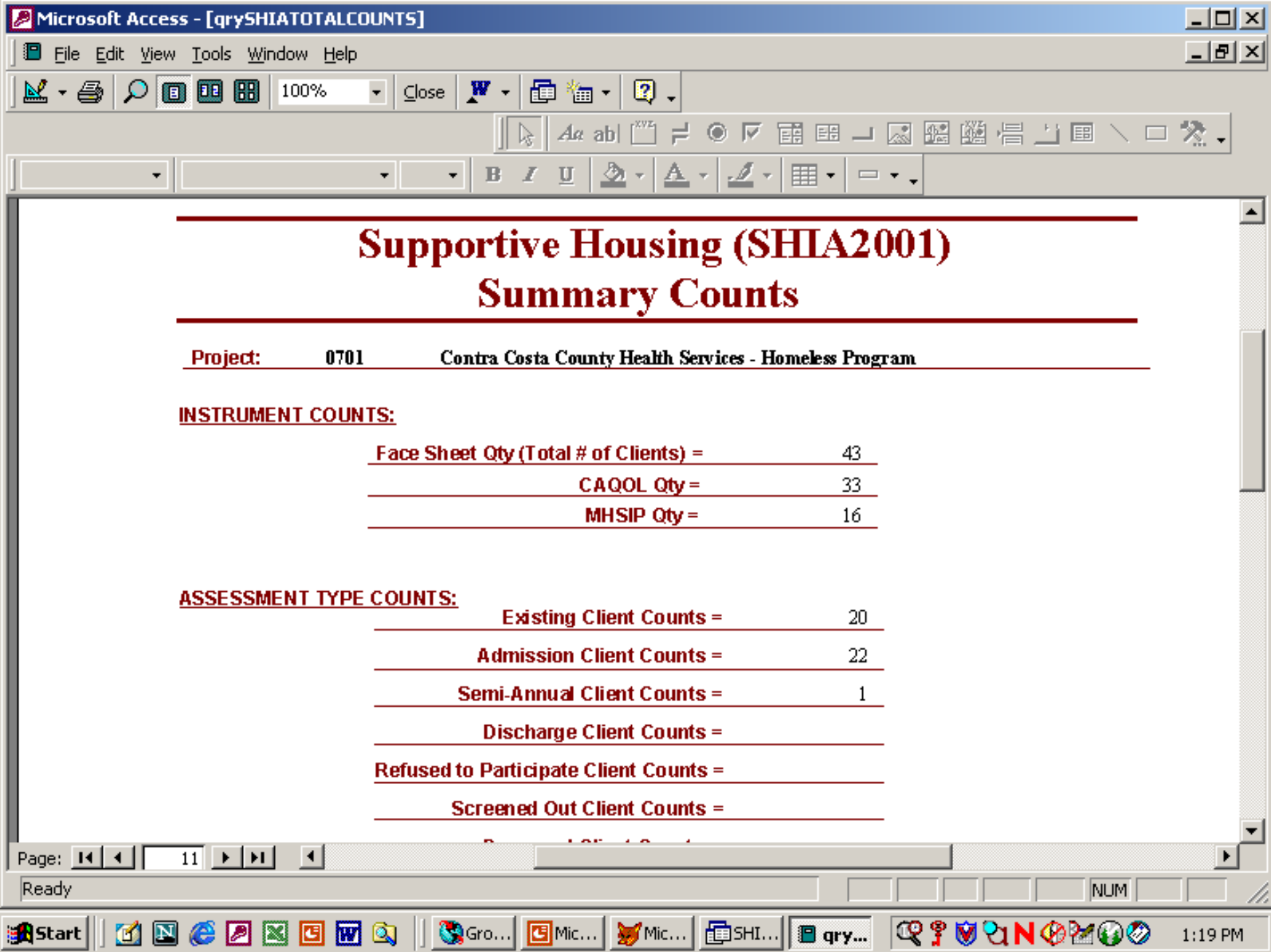
Supportive Housing (SHIA2001)
Summary Counts

Project: **0701**   **Contra Costa County Health Services - Homeless Program**

INSTRUMENT COUNTS:

Face Sheet Qty (Total # of Clients) =	43
CAQOL Qty =	33
MHSIP Qty =	16

ASSESSMENT TYPE COUNTS:

Existing Client Counts =	20
Admission Client Counts =	22
Semi-Annual Client Counts =	1
Discharge Client Counts =	
Refused to Participate Client Counts =	
Screened Out Client Counts =	

File   Edit   View   Tools   Window   Help
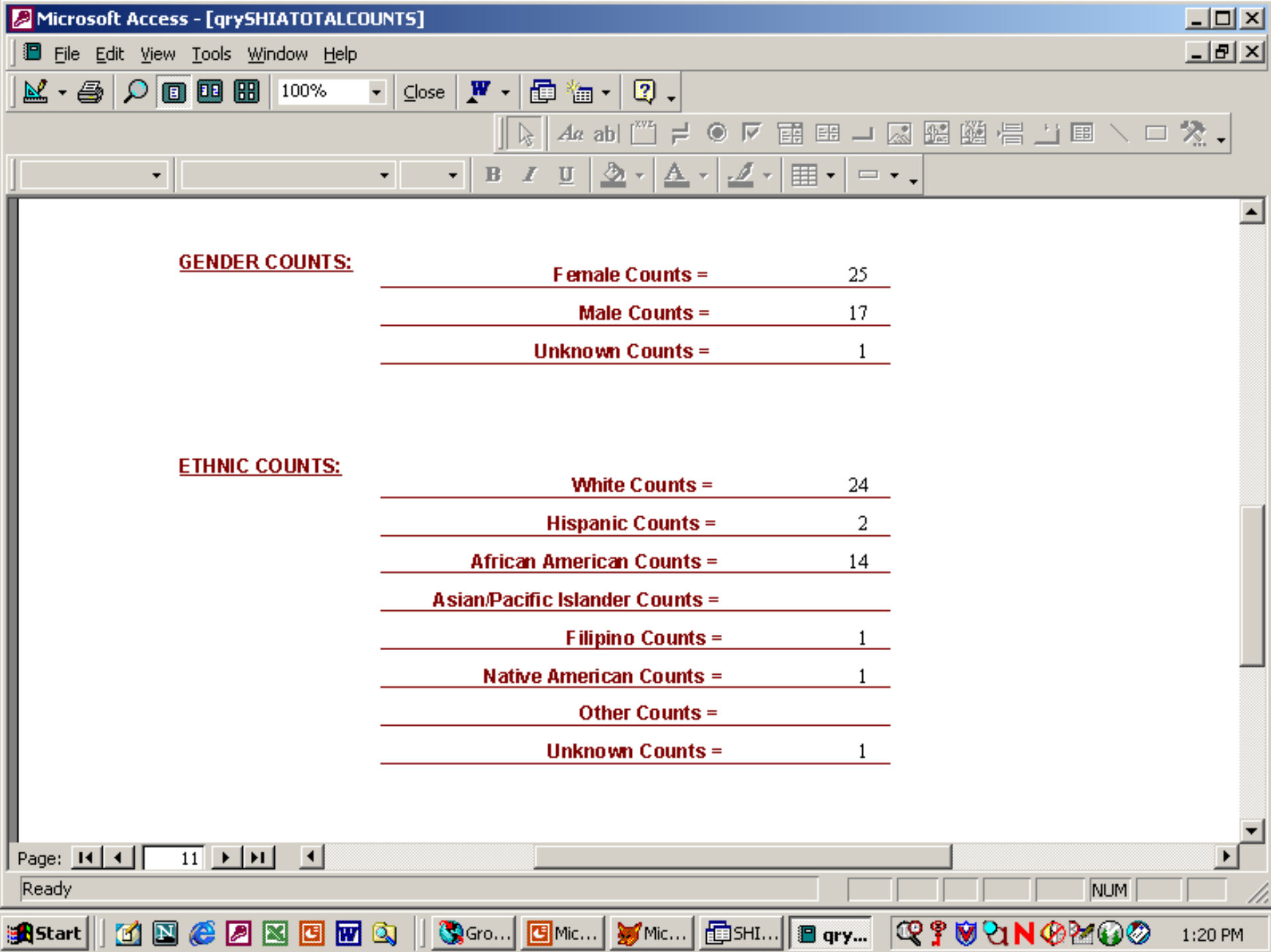
GENDER COUNTS:

Female Counts =	25
Male Counts =	17
Unknown Counts =	1

ETHNIC COUNTS:

White Counts =	24
Hispanic Counts =	2
African American Counts =	14
Asian/Pacific Islander Counts =	
Filipino Counts =	1
Native American Counts =	1
Other Counts =	
Unknown Counts =	1

Page: 11

Ready

Supportive Housing (SHIA2001)
Summary Counts

Due Dates for Each Client's Next Administration

Project Name	Santa Barbara County Dept. of Alcohol, Drug & Mental Health		
Client ID#	**Prior Assessment Type**	**Prior Link Date**	**Next Due Date (approximate)**
559050130	Existing	4/23/2002	10/23/2002
664100180	Existing	4/23/2002	10/23/2002
574010100	Admission	4/24/2002	10/24/2002
164060040	Admission	4/26/2002	10/26/2002
000031491	Admission	4/8/2002	10/8/2002
136040360	Admission	4/8/2002	10/8/2002
000014435	Admission	12/26/2001	6/26/2002
330070050	Existing	12/26/2001	6/26/2002
115120180	Admission	1/10/2002	7/10/2002
559090340	Admission	1/21/2002	7/21/2002

Page: 18

Ready

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